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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY

IN THE MATTER OF)	
)	Administrative Action
HELENA DEVARIS, D.D.S.)	
License # 22DI 01384700)	
LICENSED TO PRACTICE DENTISTRY)	ORDER REINSTATING
IN THE STATE OF NEW JERSEY)	LICENSE WITH RESTRICTIONS

The New Jersey State Board of Dentistry has reviewed the application of Helena Devaris, D.D.S. ("Dr. Devaris" or "respondent"), seeking to reinstate her license to practice dentistry. Respondent voluntarily surrendered her license by order entered on May 19, 2010, following receipt of information that she had been arrested for obtaining controlled dangerous substances through use of fictitious prescriptions. Respondent had written prescriptions in the names of persons other than herself for her personal use. She enrolled in the Professional Assistance Program in May 2010.

In support of her application to reinstate, Dr. Devaris appeared before the Board

on December 1, 2010, with counsel, Anthony Randazzo, Esq., and with Edward G. Reading, Ph.D., L.C.A.D.C., of the Professional Assistance Program. She underwent an independent psychiatric evaluation and has remained enrolled in the Professional Assistance Program. Both the evaluator and the PAP reported that Dr. Devaris could return to practice but recommended restrictions on her license. She has submitted proof of completion of continuing education.

Based upon the record and her testimony, the Board has determined that Dr. Devaris's return to practice with restrictions is appropriate at this time. The Board notes that she is in early recovery. Therefore, any deviation from the terms of this order will not be tolerated and will result in disciplinary action, including automatic suspension of license. The terms imposed by this order are designed to ensure that as she reenters practice in this State, respondent's practice is consistent with the public health, safety and welfare.

IT IS, THEREFORE, ON THIS 29th DAY OF March, 2011,

HEREBY ORDERED AND AGREED THAT:

1. The license of Helena Devaris, D.D.S., to practice dentistry in this State is hereby reinstated, subject to the terms in this order.
2. Respondent shall continue her participation with the Professional Assistance Program (PAP), at her expense, and shall comply with the recommendations for treatment, including but not limited to:

(a) monthly face-to-face contact with representatives from that program for the first year following entry of this order, and thereafter at the direction of the Executive Medical Director of the PAP;

(b) attendance at support groups, NA or AA, including a Caduceus meeting, at a minimum of five times per week;

(c) random urine monitoring twice weekly until further order of the Board, unless more frequent screens are directed by the Executive Medical Director of the PAP; and

(d) counseling with a psychotherapist recommended by the Executive Medical Director of the PAP, not less than twice monthly until further order of the Board.

3. If respondent discontinues participation with the PAP or fails to comply with the conditions imposed by the program or outlined in this consent order without obtaining approval of the Board and the PAP, she shall be deemed in violation of this Order.

4. Respondent shall abstain from the use of alcohol and from all psychoactive substances, unless prescribed by a treating physician for a documented medical condition with prior notification to the Executive Medical Director of the PAP of the diagnosis and prescribed medications. In addition, respondent shall advise any and all treating physicians and/or dentists of her history of substance abuse.

5. The PAP shall submit quarterly reports, including urine results, to the Board regarding respondent's participation and compliance with all requirements of the PAP and this order. If respondent has a positive urine, misses an appointment without consent, or has a lapse or slip in her recovery, or if respondent terminates

recommended counseling or her participation with the PAP, the PAP shall immediately inform the Board. For purposes of this paragraph, "immediately" shall mean reporting the information orally within 24 hours and following up with a written report within 48 hours.

6. (a) Any failure by respondent to submit or provide a urine sample within twenty-four (24) hours of a request will be deemed to be equivalent to a confirmed positive urine test. In the event respondent is unable to appear for a scheduled urine test or provide a urine sample due to illness or other impossibility, consent to waive that day's test must be secured from the PAP. Respondent shall notify the PAP if she will be out of the State for any reason, so that the program may make a determination regarding alternate testing.

(b) Any urine test result showing creatinine levels below 20 mg/dL and a specific gravity below 1.003 shall create a rebuttable presumption of a confirmed positive urine test. Any such result shall be followed immediately by a confirming GC/MS test.

(c) Respondent shall familiarize herself with all foods, food additives or other products (such as poppy seeds or dietary supplements), which may affect the validity of urine screens, be presumed to possess that knowledge, and shall refrain from the use of such substances. Ingestion of such substances shall not be an acceptable reason for a positive urine screen and/or failure to comply with the urine monitoring program.

(d) The PAP may request a modification of the frequency of testing or method of testing during the monitoring period. Any request shall be accompanied by a

report from the treating psychotherapist regarding respondent's progress in understanding her addiction and in her recovery .

7. Respondent shall provide any and all releases to any and all parties who are participating in a monitoring, treatment, or other program as outlined in this order, as may be required in order that all reports, records, and other pertinent information may be provided to the Board in a timely manner. Respondent agrees that any information received by the Board regarding respondent's treatment or participation in a monitoring program may be used in connection with any proceedings pertaining to her license.

8. Respondent shall be permitted to write prescriptions only for patients as required in connection with dental treatment and/or to administer medication to patients in the course of dental treatment, in accordance with the following terms and conditions:

(a) Respondent may prescribe controlled dangerous substances only pursuant to a written prescription. Respondent shall not shall prescribe any controlled dangerous substance by telephone or other electronic means.

(b) Respondent shall use sequentially numbered, triplicate prescription pads for all prescriptions written.

(c) For each prescription for controlled dangerous substances, respondent shall provide the original prescription to the patient, attach one copy of the prescription to the patient record, and submit to the Board, the third copy of the prescription along with the portion of the patient record reflecting the treatment rendered or the presenting condition that caused the issuance of the prescription to that patient to the Board. The documents shall be sent to Jonathan Eisenmenger,

Executive Director, P.O. Box 45005, 124 Halsety Street, Newark, New Jersey 07101.

Submission shall be made on a monthly basis. For purposes of this order, the first submission shall be due on April 5, 2011 for prescriptions written in March 2011.

Subsequent submissions shall be due on the 5th of each month thereafter for prescriptions written in the preceding month.

(d) Respondent shall be required to account for each consecutively numbered prescription, regardless of whether the particular prescription was voided or not used for any purpose whatsoever. Respondent shall maintain copies of all non-CDS prescriptions and make them available for review upon the request of the Board or its designee.

(e) Respondent shall comply with all State and federal laws and regulations governing the purchase, storage, use, and dispensing of controlled dangerous substances.

(i) If respondent administers or dispenses CDS to a patient in her practice, she shall maintain a log for each administration or dispensing event, which log shall include the patient name, date, name of medication, dosage, and units administered or dispensed.

(ii) Respondent shall submit a true copy of the log to the executive director along with a copy of the patient record for each patient listed on a monthly basis.

9. At all times when she is engaged in the practice of clinical dentistry, Dr. Devaris shall have, at her expense, a licensed or registered dental auxiliary present in the office.

(a) The dental auxiliary shall be either a registered dental hygienist or a

registered dental assistant holding a valid license issued by the State Board of Dentistry.

(b) The auxiliary shall agree to report to the Board in writing within 24 hours any conduct or observation which indicates that Dr. Devaris may be impaired. Dr. Devaris shall provide a copy of this order to the dental auxiliary and have her or him acknowledge receipt of the order and agreement to its terms. Proof of the auxiliary's agreement to the terms of the order, as evidenced by his or her signature on a copy of the order, shall be provided to the Board within three business days of the auxiliary's agreement to serve as a monitor.

(c) Dr. Devaris shall provide a copy of this and any further orders of the Board to the auxiliary and shall ensure that the auxiliary shall be present in the office and shall initial the patient's chart indicating her or his presence at the time treatment was rendered by Dr. Devaris.

(d) Dr. Devaris's patient charts shall be subject to random audits conducted by the Board or its designee, at her expense, to ensure compliance with the provisions of this order.

10. (a) Respondent shall be subject to an order of automatic suspension of her license upon the Board's receipt of any information which the Board, in its sole discretion, deems reliable demonstrating that respondent has failed to comply with any of the conditions set forth in this consent order, including but not limited to report of a confirmed positive urine, or a prima facie showing use of alcohol or drugs.

(b) Respondent shall have a right to apply for removal of the automatic suspension on ten (10) days notice to the Board and to the Attorney General. The

Board may hold a hearing on that application before the full Board or before a committee of the Board. In the event a committee hears the application, its action shall be effective immediately and subject to ratification of the full Board at its next scheduled meeting. In a hearing seeking removal of the automatic suspension, any confirmed positive urine shall be presumed valid.

11. Nothing in this order shall be deemed to preclude the Board from taking any action it deems appropriate should the Board's review of information cause it to determine that such action is warranted or from imposing restrictions or conditions on respondent's license should the Board determine that such restrictions or conditions are appropriate to protect the public health, safety, and welfare.

12. Respondent may seek modification of the terms of this order not sooner than one year from the date of its entry. The Board reserves the right to require respondent's appearance prior to any modification or removal of restrictions set forth in this Consent Order.

NEW JERSEY STATE BOARD OF DENTISTRY

By: Herbert B. Dolinsky D.D.S.
Herbert Dolinsky, D.D.S.
Acting President

I have read and understand this Consent Order
and agree to be bound by its terms. I consent to the
entry of this Order.

Helena Devaris, D.D.S.

MAR 17 2011
Date

I consent to the form and entry of
this order.


Miles Feinstein, Esq.

3/17/11
Date

I have read the terms of this consent order and agree
on behalf of the Professional Assistance Program to
comply with its terms pertaining to
the Professional Assistance Program.

Louis E. Baxter, M.D.

Date

I am a licensee of the Board of Dentistry.
I have read and understand the terms
and conditions of this consent order, and
agree to comply with those terms.

Dental Auxiliary (sign and print name)

Date